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# SANITARY LEGISLATION.

## STATE LAWS AND REGULATIONS PERTAINING TO PUBLIC HEALTH.

### CALIFORNIA.

#### Typhus Fever—Notification of Cases—Placarding—Quarantine—Delousing Procedure. (Reg. Bd. of H., Oct. 7, 1916.)

**RULE 1. Notification.**—Any person in attendance on a case of typhus fever, or a case suspected of being typhus fever, shall report the case immediately to the local health authority, who shall in turn report at once by telegraph, and later in the regular weekly report, to the State board of health all cases reported to him. In the absence of local rules permitting notification by telephone, the report to the local health authority shall be in writing.

*Note 1.*—Any physician in attendance on a case of typhus fever who fails to report the case promptly to the local health authority is guilty of a misdemeanor, punishable by a fine of not less than \$25 nor more than \$500, or by imprisonment for a term of not more than 90 days, or by both such fine and imprisonment. (See public health act, statutes of 1907, p. 893, secs. 16, 21.)

**RULE 2. Diagnosis.**—When the diagnosis is in doubt, the attending physician shall report the case as one of "suspected typhus fever." The health officer shall thereupon investigate with a view to establishing the diagnosis, and if unable to reach a decision, he shall report to the State board of health, so that they may carry on such field and laboratory investigations as may be necessary.

*Note 1.*—The following is a brief description of the symptoms of typhus fever:  
The State board of health is indebted to Senior Surg. C. C. Pierce of the United States Public Health Service for this description of the symptoms of typhus fever.

Typhus fever is usually abrupt in onset, and the rise in temperature is always abrupt. Most patients will go to bed at once, although some stay up and around for a day or so. The fever reaches its height in about three days and remains up during the disease, but not at very high points; 103 or 104 is the usual temperature. The pulse increases with the temperature. Chills may occur at first, but not always.

Pain in the back and limbs is usually complained of, and intense headache is nearly always present, and persists during the course of the disease. At first the face is flushed. There is some congestion of the conjunctivæ, but no symptoms of coryza.

The tongue is coated, and usually gets very hard, brown, and cracked. When protruded a tremor is noticed.

The typhus rash comes out three to five days after the onset, and is first seen on the abdomen, from where it spreads to the chest, back, thighs, arms, forearms, and legs. It does not occur on the palms or soles, and seldom on the face. Within 24 to 36 hours after the rash is first seen, it is fully out, and remains out until the patient's temperature is normal, or death ensues, when it can be seen as a post-mortem lesion.

The rash will disappear on pressure during the early stages, but later on will not disappear, and may become petechial.

The typhus spots vary in size from one-twelfth to one-half inch in diameter and have irregular and indistinct outlines. The patient is nearly always constipated, and in every case there is some pulmonary involvement, either a bronchitis or what might be called a bronchopneumonia.

The patient is nearly always delirious at night, and is subject to considerable deafness. The patient is usually prostrated, mentally confused and nervous. There are, of course, mild cases in which many of the symptoms are not marked; in fact, the rash sometimes does not occur.

The rash, headache, bronchitis, mental confusion, dry coated tongue, nervous tremor, and continuous fever, without marked morning remissions, are the most dependable symptoms.

The disease terminates usually by crisis on the twelfth to fifteenth day of illness, but some cases recover by lysis covering two or three days. The mortality for cases over 40 years old is very high; for those younger very much less.

**RULE 3. Precautions to be observed by the physician.**—The physician in charge of a case of typhus fever, or a case suspected of being typhus fever, shall take such precautions as may be necessary to prevent infected body lice from gaining access to his person or clothing.

*Note 1.*—Typhus fever is transmitted from persons sick with the disease to susceptible individuals by the body louse (*Pediculus vestimenti*). Except for the possible occasional transmission by the head louse (*Pediculus capitis*) the disease is not known to be transmitted in any other way under natural conditions. The blood of persons sick with the disease contains the virus during the entire febrile stage and sometimes for 36 hours after the crisis. It is therefore probable that body lice may become freshly infected during that entire period.

*Note 2.*—There is danger to physicians working among those sick with typhus fever previous to the delousing procedures unless careful precautions are taken. Until the patient can be put under conditions which unquestionably eliminate the body louse from his environment, the physician and other attendants should wear in the sick room a washable outer garment which is snugly fastened at the elbows, the forearms being bare and oiled with kerosene. This garment should not be taken from the premises until disinfected by boiling. The shoes should be thoroughly oiled with kerosene.

**RULE 4. Instructions to household.**—It shall be the duty of a physician in attendance on a person having typhus fever, or suspected of having typhus fever, to instruct the patient and the other members of the household in precautionary measures for preventing the spread of typhus fever through the medium of the body louse. He shall also advise that the following required precautions be taken at once, unless the local health authority is in a position to take immediate charge:

1. The clothing of the patient shall be removed, placed in a wash boiler, or other receptacle, which has been rubbed on the inside with kerosene, and be immediately boiled in water, or soaked for at least two minutes in gasoline. The former method is preferable where applicable, owing to the great danger from explosion and fire from gasoline. Some fabrics, especially leather, are ruined by boiling, and therefore belts, shoes, etc., must be treated with gasoline.

2. The head and entire body of the patient shall be bathed with kerosene. It should be thoroughly rubbed into the hairy parts. This procedure should be followed by drying with a towel or by a warm bath with soap and water. In men it is usually best to clip the hair, and if this has been done, the above procedure is sufficient. If the hair is not clipped, it shall be wet thoroughly with kerosene and washed half an hour later with soap and water. Longer soaking may irritate the skin and should be avoided. This treatment will kill head lice (*Pediculi capitis*). The treatment of the hair should be repeated as often as necessary. If the nits persist, an application of vinegar alone should be applied to the hair, which should be wrapped up for a half hour. After the bath put on fresh, clean clothing.

3. The patient shall be removed to a hospital or to a separate bed in a vermin-free room or tent, but the delousing procedures specified in paragraphs 1 and 2 must be completed, and permission must be obtained from the local health authority before the patient is removed from the premises.

4. The room from which the patient was removed shall be freed from lice. Practically all the lice will be on recently used clothing, and bedding, and on people. Bedding and fabrics must be boiled, sterilized with steam or soaked in gasoline, except that mattresses, where steam sterilizing is not available, may be freed from lice by fumigating with sulphur dioxide, four pounds of sulphur being burned without added moisture for every 1,000 cubic feet of confined space. The exposure to the full strength of gas should be for at least six hours. Before returning any bedding or fabrics to the house, the floors and low woodwork shall be mopped with kerosene. As an additional protection to the attendants it is wise to give the floors a preliminary treatment with kerosene before working in the room.

5. All persons who have been in contact with the patient shall be similarly treated, and shall moreover be instructed to remain on the premises until the health authority has had opportunity to institute the official quarantine.

**RULE 5. Investigation of cases.**—Upon being notified of a case of typhus fever, or a case suspected of being typhus fever, the local health authority shall make an immediate investigation, and after finding that the case is, or may be, typhus fever, he shall require that all the delousing procedures specified under rule 4 be strictly carried out under the supervision of himself or some responsible representative.

*Note 1.*—It is highly important that full data should be obtained relative to the case, including date of onset, symptoms, and probable source of infection. The travels of the patient for at least a month before infection should be reported, with dates, to the State board of health. Data regarding contact with persons

recently in Mexico or with persons known or suspected to be infested with lice should be forwarded. Special attention should be given to any contact the patient may have had with Mexican laborers in railroad camps, as many cases of typhus fever have appeared in these camps. Examination for the presence of body lice and head lice should be made.

*Note 2.*—In camps or lodging places which have been found to be heavily infested with lice it is wise to repeat the procedures for delousing of the premises and inmates weekly, especially if there are new arrivals, until the persons and premises are found free on at least two successive weekly inspections.

**RULE 6. Quarantine of patients and contacts.**—If the local health authority, on investigation, is satisfied or suspects that the case is one of typhus fever, he shall establish a quarantine by affixing placards in conspicuous places at the principal entrances to the premises of the patient and those of persons who have been in contact with him. Until removal of the placards, by proper authority, no person shall enter or leave the premises or remove any article therefrom without the permission of the local health authority. The typhus patient shall be kept in quarantine until two days after return of his temperature to normal, and persons who have been exposed to typhus fever shall be kept in quarantine, or the modified quarantine described below, in note 3, until 12 days have elapsed after the completion of the delousing procedure specified in rule 4.

*Note 1.*—The placard specified in rule 6 shall be in the following form, in which the name of the disease shall be in letters not less than 2½ inches in height:

TYPHUS FEVER.

These premises are declared to be in a state of quarantine. All persons are forbidden to enter or leave these premises or to remove any articles therefrom without the permission of the local health authority.

Date: .....

.....  
Local Health Authority.

*Note 2.*—Until such time as a positive diagnosis is made, in cases strongly suggestive of typhus fever the word "suspected" may precede the words "Typhus fever" on the placard specified in rule 6.

*Note 3.*—At the discretion of the health officer, the quarantine may be modified so as to permit adult "contacts" to work: *Provided*, That they shall be strictly prevented from coming in contact with persons outside the quarantine or with objects which may be infested with lice. Safety lies in protecting "contacts" from reinfection until the average incubation period of 12 days has elapsed after the last possible exposure to lice which may have bitten a typhus patient.

*Note 4.*—No terminal disinfection is necessary when the quarantine is raised, as the premises have been freed from lice in the observation of rule 5.

**RULE 7. Precautionary quarantine and delousing.**—Inasmuch as typhus fever has been repeatedly introduced in California, and is now present, and will in all probability continue to be introduced from time to time in spite of all precautions, and inasmuch as there is great danger of the rapid spread of the disease in any community where body lice are present, the State board of health hereby declares that the body louse (*Pediculus vestimentis*) is a menace to health. Local health authorities shall quarantine any persons or premises known to be infested with body lice until the delousing procedures specified in rule 4 have been performed under the supervision of the health authority or his representative. The quarantine shall be established by affixing a placard in a conspicuous place at the principal entrance to the premises. When employees, lodging-house keepers, teachers, school nurses, or others have knowledge that certain persons or premises are infested with body lice, they shall report the fact to the local health authority.

*Note 1.*—When quarantine for infestation with body lice is established the premises shall be placarded as specified for quarantine for typhus fever in rule 6 and note 1, rule 6, except that the word "Pediculosis" shall be substituted for the words "Typhus fever" and the quarantine shall be discontinued as soon as delousing operations have been completed and have been found adequate by the local health authority.

*Note 2.*—At his discretion the health authority may substitute thorough bathing with soap and hot water for the kerosene and water bath, but the methods of treating clothing and bedding should not be changed.

**RULE 8. *Precautions by the public.***—In communities in which typhus fever is present the local health authority shall instruct the public relative to precautionary measures.

*Note 1.*—The community can protect itself by delousing infested premises and persons and by removing conditions favorable to the body louse. Any part of the city is a menace where people are crowded together under housing conditions which make cleanliness of body and clothing difficult. Such places, if already infested with lice, should be deloused, under the direction of the local health authority, and the community should take steps to compel better living conditions. No community can afford to maintain a focus of squalor and filth.

*Note 2.*—The individual can protect himself and assist in protecting the community by frequently bathing and putting on clean underwear. When typhus fever is actually present in his community he can protect himself further by avoiding persons who neglect the care of their bodies and clothing and may therefore be louse infected.